TRAVEL AUTHORIZATION NO. 2. SOCIAL SECURITY NO. 1

TRAVEL AUTHORIZATION/ADVANCE

			For reloc	A cation travel.	TTACHN complete this F	MENT FOR orm AD-202R in lie	RELOC.	ATIO of Form A	N TR <i>A</i> D-202 and	AVEL attach to the	Form AD-202			
3. NAME (Last)	(First)					Middle Initial)	4. DISTANO							
SECTION C — ITINERARY AND ESTIMATED EXPENDITURES							Less than 50 miles				50 miles or more			
5. TYPE OF APPOINTMENT (Indicate one type only)							10. AUTHORIZED EXPENDITURES					ESTIMATED AMOUNT		
IP - Intergovernmental Personnel NA - New Appointee SE - Senior Executive Service Career Act Assignee (IPA) OT - All Other Appointment Upon Separation for Retirement							Per Diem: Rate \$ X No. Days =							
6. NEW OFFICIAL STATION (City and State)						POV: Rate	×16.4	X Mi	iles	=	\$ 	_		
7 EVDENDITUDES FOR HOUSEN	INT ALIT	IODIZED				Other (Spec	шу)							
8. AUTHORIZED TRAVELERS	UNI AUTH	9. ESTIMATE	D DATES	OF TRAVE	L	-					•			
Employee Unacco	m- Month	FROM Yea	ır Mon	THR		Common Ca	arrier Tickets				Ψ			
Employee Spouse Spouse					,	Transportation M		Method o	of Purchas	se	\$			
PRIVACY ACT NOTICE. The following informatio information requested on this form is required under the	n is provided t provisions of 5	o comply with the Pr U.S.C. Chapter 57 (a	rivacy Act of s amended),	of 1974 (P.L., Executive (93-579). The Orders 11609 of	Use of Non-	contract Airline	◀Inser	rt code					
July 22, 1971, and 11012 of March 27, 1962, for the purpose of facilitating authorization action for travel and other expenses to be incurred under administrative authorization. The information contained in this form will be used by the Federal agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate							1							
Federal, State, local, or foreign agencies when relevant t provide the information required will result in delay or sus	o civil, or crim	inal or regulatory inv	estigations,	or prosecuti	ions. Failure to	Car Rental 11. TOTAL ESTIMAT	TFD FXPFNDITU	RES FOR H	HOUSEHUN	T	\$			
12. SEPARATE RELOCATION ALLOWANCES ELECTION (Must attach Form AD-202RE)						17. TRAVEL AND TRANSPORTATION OF FAMILY					ESTIMATED AM	/OUNT		
13. EXPENDITURES FOR TRANSF	ER OF ST	ATION AUTHO	RIZED			Per Diem: R	ate \$		X No. Day	rs .				
FROM	то	OIT!			OUTSIDE CON SUB. CODE	TINENTAL U.S. S		1		NO. DAYS				
CITY ST		CITY		ST	SUB. CODE	LODGING +	M and IE	=	RATE		· \$	1		
						+		=		x =				
						+		=		x =	:			
						+		=		x =				
						+		=		x =				
				-		+				x =		_		
14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE	MOVED		15. UNA	ACC SPOUS	SE IND									
NAME						TOTAL SUBSISTENCE					\$			
SPOUSE								L BY PC						
						NO. OF POV	S RAT	E	TOTAL	MILES				
											\$			
						Other (Specify)								
											\$			
						Unaccompanied Baggage					\$			
		Common Carrier Tickets							1					
16 ESTIMATED DATES OF TRAVEL						Transportation Mode Method of Purchase				se	\$			
16. ESTIMATED DATES OF TRAVEL FROM THRU Month Day Year Month Day	Year					Use of Non-contract Airline ◀ Insert code Excess Fare								
						Excess Bagg								
18. SHIPMENT OF HOUSEHOLD G														
ESTIMATED WEIGHT OF GOODS	PAYMENT METHOD Actual Expense Comm					RATE ADDITIONAL ALLOWANCES				OWANCES				
19. STORAGE OF HOUSEHOLD G		expense	Comm	uted Rate	\$			\$			\$			
13. STORAGE OF HOUSEHOLD G		NO. DAYS ESTIMATED WEIGHT OF GOODS TO BE STORED 1ST				COMMU	TED RATE							
		TO BE STORED) [1ST DAY STORAGE RATI		E OTHER DAYS WAREHOUSE/PICKUP STORAGE RATE DELIVERY RATE			/PICKUP TE					
TEMPORARY STORAGE (Y/N)		\$				\$					\$			
20. TRANSPORTATION AND STO											\$			
21. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (To be paid by GBL only) NUMBER OF DAYS DAILY RATE FOR FIRST 30 DAYS								FOR OV	/ER 30 DA	AYS	\$			
22. TEMPORARY QUARTERS		\$				\$								
23. MISCELLANEOUS EXPENSES											\$	<u> </u>		
24. REAL ESTATE EXPENSES PA		•	k applica			· · · ·								
Sale of Residence AMOUNT \$	se of Residence Lease Termina AMOUNT \$				uon					 				
25. HOME PURCHASE INFORMATION	AMOUNT \$				w									
RESIDENCE ADDRESS AT OLD STATION (Street, C						PROPERTY	% OWNERSH	IIP F		MARITAL STATUS OF				
								Yes	No No	EMPLOYEE				
TELEPHONE (Area Code and Number)								+						
ESTIMATED	% AUTHORIZ		% USED A	S INCOME	ANY KNOWI	N TITLE	UREA-FORMA	L LDEHYD	E INSULA	TION				
SALES PRICE \$			I KODOOII			= Yes N = No		Y = Yes		N = No	\$			
26. RELOCATION SERVICES	TVDE SEE:	1050 /05 1 5	-(a) 5	- oto -1\										
RELOCATION COMPANY NAME	TIPE SERV	ICES (Check Service Home Purchase	e(s) Keque	ested) Home Fir	nding	□ ⊔ome N	Marketing		Mortes	age Finding				
27. RELOCATION SERVICES CAN	CELLATIO		-	Agency	Emplo		ation Company	, Ca	ancellation		\$			
					·	xpenditures 1					\$			
						mated Expen		•			\$			
DISTRIBUTE TOTAL OF THIS BLOCK TO SECTION D ON THE AD-202. 30. TOTAL ESTIMATED EXPENDITURES AUTHORIZED Service Agreement. I agree to remain in the service of the Federal Government for 12 months following the effective date of my transfer or approximent, unless separated for reasons beyond my control and accentable to the Government. In case L violate this agreement, any moneys are control and accentable to the Government.										\$				
Service Agreement. I agree to remain in the service of appointment, unless separated for reasons beyond my c expended by the United States on account of my move described by the My move described by the My move described by the My move describe	ontroi and acce	public to the Governi	nent. In cas	se i violate ti	ins agreement, ar	iy moneys	GNATURE							
Withholding Allowance (WTA) payments for claims file (2) file all required documentation of income with the cla	d for transfer e	xpenses I agree to: (1)	file for a Re	elocation Inc	come Tax Allowa	nce (RIT),								
time is granted by the Government. If I am overpaid or do not file the claims, I agree to repay the Government the entire WTA expended by the United States in connection with my transfer. 32. DATE														
I														